



Greensboro Parks and Recreation Fee Assistance Application

The City of Greensboro Parks and Recreation Department provides assistance with registration fees in select youth programs to help families with financial need. Applicants will be notified within two weeks from the date the completed application with copies of supporting documents are returned to the facility where you wish to register. Any application with incomplete information will not be considered.

Facility: _____

I. Family Information

Date of Application:	Program:
(1)Child's Name: _____	(3)Child's Name: _____
(2)Child's Name: _____	(4)Child's Name: _____
First Parent's Name:	Birth date:
Address: _____	City/State/Zip: _____
Home Phone: _____	Work Phone: _____
Cell Phone: _____	Email Address: _____
Employer: _____	Occupation: _____ Length of Employment: _____
Second Parent's Name:	Birth date:
Address: _____	City/State/Zip: _____
Home Phone: _____	Work Phone: _____
Cell Phone: _____	Email Address: _____
Employer: _____	Occupation: _____ Length of Employment: _____

II. Justification Statement

Please share why you are applying for financial assistance.

Spouse and dependents living at home: dependents (age 22 and under) may include children, foster children, grandchildren and other children for whom the applicant is guardian and is tax dependent.

Name of Dependent	Employer/School	Birthdate	Age	Grade

IV. Financial Information

Select the total gross income (before taxes) earned by all adults in your household during the last year:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Less than \$20,000 | <input type="checkbox"/> \$20,000 - \$25,000 | <input type="checkbox"/> \$25,001 - \$30,000 | <input type="checkbox"/> \$30,001 - \$35,000 |
| <input type="checkbox"/> \$35,001 - \$40,000 | <input type="checkbox"/> \$40,001 - \$45,000 | <input type="checkbox"/> \$45,001 - \$50,000 | <input type="checkbox"/> \$50,001 - \$55,000 |
| <input type="checkbox"/> \$55,001 - \$60,000 | <input type="checkbox"/> \$60,001 - \$65,000 | <input type="checkbox"/> \$65,001 - \$70,000 | <input type="checkbox"/> \$70,001 - \$75,000 |
| <input type="checkbox"/> \$75,001 - \$80,000 | <input type="checkbox"/> \$80,001 - \$90,000 | <input type="checkbox"/> Above \$90,000 | |

V. Documentation

We use the HUD guidelines to determine qualification. In order to assess your eligibility for assistance please provide one of the following:

Submit your completed Fee Assistance Application along with verification of the following:

- ☐ A Current EBT Card, or paperwork for a current EBT Card

OR

- ☐ A Current Medicaid Card, or paperwork for a current Medicaid Card

OR

- ☐ A copy of your most recent Federal Income Tax return (Form 1040 or 1040EZ, including supporting schedules)

Once verified, this information will be returned to you or shredded.

I certify that this information is true and complete to the best of my knowledge. I grant permission to Greensboro Parks and Recreation to verify this information. I agree to notify Greensboro Parks and Recreation if my financial status changes.

Applicant's Signature

Date

For Office Use Only:		Facility Manager Verification
Date Received:	By:	I verify that I have received and reviewed all required documentation pertaining to this application.
Applicant Approval:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Signature:
Approved Documentation:	<input type="checkbox"/> EBT <input type="checkbox"/> Medicaid <input type="checkbox"/> Taxes	Date: